

# THE

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PARACENTESIS THORACIS. FOUR TIMES PERFORMED ON THE  
SAME PERSON—37 lbs., 7 oz. OF FLUID DISCHARGED.  
PARTIAL RECOVERY.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MASS.

[Read before the Boston Society for Medical Improvement, by HENRY I. BOWDITCH, M.D.  
February 13, 1853.]

JOHN G. HENRY, married, aged 23, carpenter, of Lunenburg, Mass. ; always of slender appearance, thin and tall. Has been subject to winter coughs for several years past, and has labored irregularly for the last year, having had, during this period, two or three slight attacks of hemoptysis. In the month of Sept., 1852, he had an attack of pleurisy involving the lower portion of the left chest. Pain, with slight fever, continued for nearly a week, but passed away under treatment of his family physician, Dr. Stickney, of Townsend.

About the first of Nov., 1852, the left side was found larger than the right. There was complete dulness on percussion, and absence of all respiration except at a small space in front, about three inches in extent, in the sterno-clavicular angle. On the 21st of Dec., 1852, I first saw the patient in consultation with Dr. Stickney. At this time his appetite was good and bowels regular. He had dry cough and occasional night sweats. The left chest exhibited the signs just named, attended with extreme dyspnoea on walking, and a leaden cadaveric countenance. The size of the left side was 1 7-8 inch greater at the level of the nipple than the right side, and 1 inch larger at the 9th costal interspace. Right lung healthy. Heart displaced to the right of its normal position ; somewhat irregular in its action ; pulse 120 to 140.

On the 27th of Dec., 1852, with the assistance of the attending physician, I performed the operation of paracentesis thoracis—opening between the 8th and 9th ribs, 6½ inches from the spine. Eighty-five ounces by weight (avoirdupois) of straw-colored serum were immediately discharged through the canula ; and, by estimation, 15 ounces more discharged upon cloths during the next succeeding 24 hours—when the orifice healed, and no more fluid escaped. He was greatly relieved by the operation ; his breathing was much freer, his pulse fuller and more steady, and he immediately walked up and down stairs without difficulty.

April 6th, 1853.—Visited Mr. Henry with Dr. Stickney. He reports

having been greatly relieved by the operation of Dec. 27th. He continued very comfortable for two months ; since then, the left side has increased in size, and now presents the same physical signs and measurements as at that time. The dyspnoea, however, is less urgent. At this time I opened between the 9th and 10th ribs, about 5 inches from the spine. One hundred and sixty-four ounces of serum were at once discharged ; and after withdrawing the canula there was no further escape of fluid. The patient was greatly relieved, and very evidently had more strength and a less sickly appearance than at the first operation.

June 6th, 1853.—His attending physician now reports him as having been very comfortable since last operation ; is entirely free from cough ; appetite and digestion good, and has gained some flesh and strength. Within a few days the dyspnoea has returned, and to-day the left chest is again full of fluid ; the measurements being precisely the same as before. This time I opened between the 9th and 10th ribs, and drew off 162 ounces.

August 20th, 1853.—Since last date he has been very comfortable, walking about and occasionally doing some light mechanical work for amusement. Recently the dyspnoea has returned, and to-day the left chest is full of fluid, and measures half an inch more than at former operations. I opened between the 9th and 10th ribs, and drew off 173 ounces of straw-colored, slightly turbid serum. Patient has more flesh and strength than in Dec. last ; is lively and cheerful, and seems determined not to succumb to his disease.

Nov. 24th, 1853.—Mr. Henry called at my office "for exhibition" and says he has been quite well since last operation ; has gained 7 lbs. in weight ; is entirely free from cough ; can walk several miles in a day without dyspnoea, and has recently worked half a day at a time at his trade. On a slight examination I found the front of the left chest partially resonant from the clavicle down to the cartilage of the 6th rib. At this time I learned that for a year past he had made daily use of small and increasing doses of morphine ; and for two months past the quantity has been increased, until at the present time he uses seven or eight grains daily. This practice is entirely his own, and not in accordance with professional advice. In the same manner he also uses gin in moderate quantities—an article with which he had considerable acquaintance before his sickness.

Of the medical treatment for a year past, I learn that alteratives, diuretics and counter-irritants have been faithfully tried, but without ever diminishing the fluid in the chest. He has taken several bottles of cod liver oil, and occasionally some tonics.

The fluid withdrawn at these several operations was albuminous ; becoming a white opaque solid on boiling, and leaving no fluid. The method of operating in this case was by dividing the skin with a scalpel parallel with the rib, one inch in length and one and a half below the point of puncture through the parietes. The skin being drawn up, a fine canula probe is thrust in and the style withdrawn ; a drop of serum escaping indicates that the chest is reached, and then a common trocar is carried in, following the exploring canula as a director. The small canula and trocar are then withdrawn, leaving the large canula for the

escape of the fluid. With one hand the canula is held, and with a finger of the other acting as a valve at the orifice of the canula, the escape of the fluid is graduated and the ingress of air prevented.

Jan. 9th, 1854. I have just seen Mr. Henry, and he informs me that he has worked at his trade for several weeks past at a shop in this village; working about five hours each day. Says he feels quite well; has gained 12 lbs of flesh since last operation. He now takes four to five grains of morphine daily, drinks three or four glasses of gin, and smokes "very often."

I examined Henry, and found the left chest perfectly dull below the level of the sternal end of the 5th rib; above this line it was partially dull, with bronchial respiration. The right lung I found slightly dull at apex, with sibilant râles extending three or four inches below the clavicle. He has no cough, no fever or night sweats.

Notwithstanding this apparent improvement in his condition, it is pretty evident that he has tubercular disease, which will not very long be retarded by medical or surgical interference.

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At the request of Dr. Hitchcock, I present to the Society the foregoing record of an interesting case, and desire, according to the permission of the author, to append some remarks.

1st. As far as one case can give us any views upon the value or danger of paracentesis thoracis, this one is decidedly favorable—for it will be remembered that although the fluid returned, the severer rational signs never did return after the first operation.

2d. The operation caused but little pain compared with the relief obtained, and this, too, in a case where a scalpel and a large trocar were used.

3d. The patient is undoubtedly phthisical, but I question whether his pleurisy would have been cured as early, if at all, without the operation.

4th. Would it not have been better not to have allowed so much time to elapse between the operations? I do not know that we can positively answer this question either in the affirmative or negative. Theoretically, I am decidedly in favor of the affirmative answer.

5th. But is there no better method than to cut the skin and afterwards plunge in a large trocar? I believe Dr. Wyman's method, viz., by the exploring trocar and suction pump, is far better, for the following reasons. (a) The small trocar is more easily introduced; leaves less of a wound, and there is no liability of a fistulous opening remaining. (b) No air *can* get into the pleura by this method. (c) I have operated fifty times since April, 1850, and have always passed the trocar directly in, without using the scalpel previously, or needing any valvular fold of the skin. Whenever I have obtained fluid, viz., 47 times out of 50, *relief has always been obtained*. I have *never* seen any evil result.

My rule, now, is never to let fluid remain for a long time or in large quantities in the chest. I consider paracentesis as the *first* remedy to be used when called to a case of pleuritic effusion of any duration, in which the amount of fluid is large, or in which any serious symptom exists. Upon all the topics naturally suggested by the results of the

operation on my patients, I have already given sufficient details in two journals,\* and I forbear fuller remarks on the present occasion than to urge the profession to regard the operation as one to be used early and with as little fear as any other remedial agent, provided an accurate diagnosis be made.

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#### CRANIOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING assisted Dr. Homer Bostwick, of this city, in the performance of craniotomy, twice performed in the case of the same person, the details of the case may be acceptable to the readers of the Boston Medical and Surgical Journal.

—, at. 37, of sero-lymphatic temperament and strumous diathesis. She was of the poorer class of society. Previous to consulting Dr. Bostwick, her husband had communicated to her the venereal poison, which, before she discovered the true nature of her affliction, had imparted to her system the most direful effects of this terrible disease, when—as in this case—permitted to run its course; and more especially in such temperaments as that of the unfortunate patient, whose case I now relate. The soft bones of the nasal organ had become affected, and the spongy portion or *intermediate diploe* of the parietal bones of the cranium had become implicated in the disease, as well as the palatine arch and the soft adjacent parts. In this state she continued for some time, until the diseased *diploe* of the parietal bones had extended to the external plate, and an inflammatory action with concomitant pains, &c., had extended to the opposite portion of the periosteum of the scalp. In this condition Dr. Bostwick found the patient. The disease, with the exception of the portions of the parietal bones mentioned above, which were now in a state of necrosis, yielded to the remedies constitutionally and locally applied. The scalp had sphacelated with the bone, and a thin, acrid fetid discharge was constantly oozing from the parts. By judicious treatment Dr. Bostwick succeeded in circumscribing the disease in the parietal bones. Waiting patiently for the dead portions to separate from the living, and this natural process completed, Dr. B. proceeded to remove the dead bone from the left parietal arch. Making a conical incision through the scalp, and turning back the angles of the flesh, with an elevator he attempted to raise the dead bone; but it was found to be so interlocked beneath with the healthy petrous portion as to preclude the possibility of raising or removing it by this instrument. With a circular saw—a sort of half trephine, an instrument of the doctor's construction—he took out a half circle of the healthy, adjacent bone, similar to the letter e. This operation was necessarily tedious, but most skilfully performed. The elevator was now used, and the bone, about the surface of a half dollar, after one or two refusals to

\* American Journal of Medical Sciences, April, 1852, Philadelphia.—American Medical Monthly, New York, January and February, 1854. In the last article is a tabular analysis of the results of forty-seven operations on twenty-five cases.

quit its position, yielded to the doctor's skill. The dura mater was exposed, but perfectly healthy. The pulsation in the brain was excessive, throbbing, as it were, through the new-made aperture—presenting, to the novice, a formidable appearance. The integuments were now placed in apposition, and the head dressed *secundem artem*.

A few weeks were sufficient to heal the external flesh wound. The right portion of the parietal arch being, by this period, in a proper state for performing the operation on this side, Dr. B. proceeded to remove the bone, similarly to the plan adopted in the first operation. This was more tedious, not only from the increased size (that of a silver dollar piece) of the bone, but from the sphacelated state of the integuments, the dividing one or two large branches of the temporal artery, and the tenacity with which the suture held the diseased bone. Notwithstanding these difficulties, the doctor speedily accomplished the operation, and the wound, as in the first instance, quickly healed.

Twelve months have now elapsed. It is with pleasure that I write this statement to place on record what I conceive to be a master-piece of treatment in the case of the disease, and a most scientific surgical manipulation in the removal of the dead bones by the skilful operation of craniotomy. The woman is quite well. The scalp is firmly healed to the parietal bones, and the integuments have assumed that density, peculiar to cranial diseases of this nature, forming the natural protection to the brain, in the absence of the osseous integrity of the cranial arch.

A. C. CASTLE, M.D.

246 Fourth st., New York, Feb. 10, 1854.

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COMPOUND FRACTURES OF THE LEG—RECOVERY WITHOUT AMPUTATION.

[Communicated for the Boston Medical and Surgical Journal.]

JEROME BRIGEMAN, aged 19, of good health and constitution, went on a pleasure excursion, with some of his comrades, on the railroad, with a hand car, on the evening of April 7th, 1853. When turning the crank with great effort, and travelling at full speed, the crank caught his clothes, and threw him with force forward of the car. His body and right leg struck without the track, with his left leg resting on the rail. The fall produced much bruise and injury on the sacrum and about the kidneys, causing much pain and soreness through the pelvis, and also bloody urine which was voided with great distress for several days. It also produced two very oblique fractures of the left femur; one fracture near the upper third of the bone, the other near the lower third. I judged, from appearances, that these fractures were caused by the fall. The wheels passed over the left leg, near the lower part of the middle third of the tibia, lacerating the muscles on the back and outside of the leg at that point. They also broke off the tibia in three places. One fragment of bone, where it rested on the rail, but little longer than the width of the rail iron, was pressed directly backward, at least two inches. The other fragment, below where the wheel passed, was pressed in the opposite

direction. The lower fracture was very oblique ; the other two were nearly transverse. The two extreme fractures of the tibia were also compound, with considerable lacerations over the bone.

When I first saw him, he was in a state of great depression incident to the shock. I placed him in an easy position, administered to his present necessity, and waited for further action and deliberation, until reaction came on. My first impression was that it would be presumptuous to attempt to save the limb ; but considering the danger that would attend amputation, from the injury of the back, together with the age and good constitution of the patient, with his own urgent solicitations, I decided in favor of making the attempt, and watching carefully the result. I placed the limb in as easy a position, and the fragments in as perfect apposition, as possible, in Roe's long splint, with other dressings sufficient to keep it in place, without in the least interrupting the flow of blood, following strictly such a course as to prevent or remove inflammation. The bones of the leg are healed nearly perfect in position. The femur also is as nearly so as circumstances would permit. When it became necessary to make extension to bring the thigh to its proper length, I found it had shortened two inches. I used the long side splint, and confined the lower end in the usual manner with quilted stocking, &c. For the upper end, I first applied a strong belt well guarded, around the ilia and sacrum, below their crest, with pocket as usual ; but this could not be borne sufficiently tight for the object in view, on account of the injury of the back, and also from irritation on the anterior crest of the ilium. I then resorted to a perineum strap well stuffed, and the ends brought together to receive the upper end of the long splint ; but this, too, could not be borne sufficiently tight to extend the limb ; it also tended to derange the upper fracture. I therefore devised a method of combining the two. I applied the former belt around low upon the sacrum, and secured a short perineum strap, well guarded, direct to the belt, back and before. By this combined action I was able to make almost any desirable extension, and for any length of time, without excoriation or much suffering, so that his limb is now healed nearly the length of its fellow, and in proper condition to make a good and useful limb. His back and kidneys are also apparently well.

The venerable Abner Phelps, M.D., of Boston, was recently on a visit to this town, and very kindly accompanied me to see the young man in his present improved condition, and will be happy to testify to the leading facts in the case.

The principal point of interest to me in this case, is the fact of being able to save a limb under several forbidding circumstances, and also the success that attended the last and important method for extension, which I should adopt in all cases where extension of a limb became necessary.

*Belchertown, Mass., Jan. 30, 1854.*

DAVID ALLEN, M.D.

The above reported case by Dr. Allen, may be justly regarded as highly interesting, not merely to the medical faculty at large, but generally to the public. In December last I examined the leg of the young gentleman, Mr. Brigeman, very minutely. Its appearance at first view

seemed nearly perfect. The large scars upon the skin, showed where the compound fractures were made by the broken bones having been forced through it. The small apophyses, like lines of thread, could be traced by my finger in various directions where the broken bones had become united. The young man walked as if that leg might be a quarter, or possibly half an inch shorter than the other, but otherwise as strong, healthy and useful. In my humble opinion, the skill, ingenuity and sound judgment employed by Dr. Allen, in the cure of such a limb, have justly entitled *him* to far greater and more lasting honor and reputation, than he could have acquired by fifty successful amputations. *Where and when* has another limb been saved under a like complication of injuries, and that now is in so good a state? Can one be found in any of our cities? Can the records of our hospitals show such a case? How many limbs have been amputated in consequence of *two compound and oblique* fractures? No doubt amputations are sometimes necessary. But are not many limbs amputated that might be saved? To my own mind, the successful termination of the above case seems to encourage greater efforts, in future, *to save a "badly broken limb,"* than hitherto have been made.

ABNER PHELPS.

Boston, Feb. 3d, 1854.

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#### TREATMENT OF HIP-JOINT DISEASE.

BY A. STONE, M.D., BROOKLYN, N. Y.

[THE writer, after alluding to the commencement of a new monthly Medical Journal in New York, refers more particularly to the hospital records contained in the first number, and especially to the mode of treatment of hip-disease, there described, adopted by Dr. Carnochan in Ward's Island Hospital. Respecting this treatment, he remarks as follows.—ED.]

The practice of Dr. C. is neither novel nor original. Whether it is superior to the new mode of treating hip-joint disease, pursued in this country by Drs. March of Albany, Sayre of New York, and Louis Bauer of Brooklyn, is a question which I shall meet as briefly as possible.

The difference between the two modes pertains to the local treatment. While Dr. C. dispenses with splints entirely, the above-named practitioners deem extension absolutely necessary for keeping the joint perfectly at rest, at the same time counteracting morbid reflex action upon the adductor and flexor muscles of the thigh, thus preventing the deformity most usually attendant upon *morbus coxarius*. Sir Benjamin Brodie recommends the same practice in his admirable lectures on articular diseases, and I have personally witnessed the most beneficial effects from it in the orthopedic institution recently established in the city of Brooklyn. Thus experience decides in favor of the new practice. But the theory which governs it is undeniably sound and rational; for it has long since been considered a surgical rule to keep an affected organ at rest, to counteract the undue muscular influence and to retain the pro-

per shape of the members. Moreover, Professors Ross of Kiel, and March of Albany, by their extensive pathological investigations, have clearly shown that the prejudicial position of the thigh bone, in cases of *morbus coxarius*, increases the pressure upon the posterior and superior part of the acetabulum, thus tending to enlarge that cavity in the said direction much to the subsequent disadvantage of the affected leg. By keeping the leg in its proper position by means of mechanical contrivances, the deformity of the acetabulum is effectually prevented.

The prompt application of splints in recent *morbus coxarius* is attended with still another result of the greatest value to the patient, viz., the instantaneous removal of the most intense pain of both hip and knee-joints, while the application itself may be rendered perfectly painless by the aid of chloroform.

To say the least of Dr. C.'s practice, it sacrifices the form and subsequent utility of the affected leg, and it dispenses likewise with the most effectual anodyne introduced for such cases by modern surgery.

How Dr. Carnochan, as is further stated, will succeed in encouraging the use and motion of the affected side, is beyond my comprehension! It is a well-known fact that the affected joint, by means of muscular retraction, is kept in a perfectly firm position, all movements being made by the whole pelvis in its lumbar articulation. And besides this immobility of the affected hip-joint, a gordian knot which Dr. C. in vain would attempt to cut, can it be considered a sound practice to put an inflamed joint into action and thus contribute greatly to the increase of the inflammatory process? Such practice would even be proscribed by surgeons of the western frontier.

Finally, Dr. C. leaves the opening of the abscess in *morbus coxarius* to the providential operations of nature. It appears that he still labors under the unfounded dread inculcated by the old school, and that his anatomico-pathological investigations have not yet liberated him from an incubus which has far too long oppressed the rational advancement of surgery. I must, therefore, refer the learned professor to the works of Sir Benj. Brodie, John Gay, Esq., Dr. Bauer, and others, from which he will learn that the artificial and free opening of articular abscess is by no means attended with that dangerous re-action which it was formerly feared would ensue, but on the contrary is usually followed by instantaneous relief and speedy recovery of the patient.

I have lately been present at an operation of this kind, performed by Dr. Bauer, in the orthopedic institution, on a boy 7 years old, and greatly emaciated. Besides myself, Drs. Sayre, Stoltz, Kalt and other medical men, witnessed the operation, which consisted in a large incision entering the hip-joint behind and superiorly to the large trochanter. A large quantity of purulent matter, mixed with small fragments of cartilage and dead bone, was discharged. Manual examination confirmed the *a priori* diagnosis of ulceration of the head of the femur. The case I have watched since with the utmost interest and anxiety; and at this time, after the lapse of six weeks, the patient is almost cured by speedy and healthy granulation, which is about cicatrizing, the leg being kept by mechanical contrivances in a good position, and will ere long be nearly as useful as the other.

Let us look into the philosophy of this practice. It must be borne in mind that the capsular ligament is partly composed of yellow fibrous tissue, which endows the membrane with a certain degree of elasticity and resistance. This is probably the reason why the spontaneous opening of articular abscesses is so slow to take place, giving rise to extensive destruction within the joint before the matter can force its way to the surface. The indissolubility of the said tissue is another reason why the spontaneous openings of articular abscesses are of but limited extent. And the elasticity of the tissue diminishes the apertures still more after the pressure has been removed with the discharge, for the fibres only separate and do not actually slough. But the spontaneous opening has also to contend with the organized inflammatory infiltration of the areolar tissue immediately covering the articular apparatus. In view of these mechanical obstacles, and also the debilitated constitution of the patient which tends to protract the development of the abscess still more, we cannot hesitate to assist in the operation of nature by the knife. If the dreaded entrance of air into the articular cavity is sufficient to restrict the free opening, it should be remembered that the same actually takes place after spontaneous opening for the issue of the purulent effusion of a joint. The free incision into the joint is, however, combined with other advantages of great practical consequence; as, for instance, the speedy removal of tubercular substances, fragments of sloughed articular cartilage and dead bones, permitting, likewise, the more direct application of remedies.

Thus theory and experience plead in favor of the new practice; and no medical man, the learned professor not excepted, is placed above the duty to science and afflicted humanity, to bow before the power of sound argument and facts.

Brooklyn, N. Y., Jan. 7th, 1854.

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#### MEDICAL SCIENCE AND THE NATURAL BONE-SETTERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR.—I have no desire to trespass further upon your liberality by prolonging a useless controversy with the author of the communication entitled the "Study of Living Anatomy." But I much regret that he has seen fit to give testimony in favor of such an egregious delusion. Coming as this does from a venerable M.D., and sent forth in your widely-circulated and much-respected Journal, the article seemed calculated to do much more harm than good. Indeed, it appeared more like the lucubrations of some Rip Van Winkle, who had just waked from a half century nap, than the thoughts and reflections of any educated man in his sober senses. But strange as it may seem, he tells us that it was "with a desire to profit the regular profession" that he brought forth this carrion humbug, baptized it with the name of *Rush*, and offered it as a priceless boon to be preserved in the archives of medical science. And in his last communication he has given another specimen of his liberality in his Virginian anecdote. With these remarks, I shall leave him with his friends the *Sweets*, and engage never again to disturb either of them

unless they should "turn State's evidence," or, traitor-like, attempt to bring down a learned profession to a level with ignorance and barbarity.

Respectfully yours, DAN KING.

Taunton, Mass., Feb. 16, 1854.

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STRYCHNIA.

BY F. E. WILKINSON, M.D.

DR. MARSHALL HALL, in some recent papers published in the *Lancet*, speaks very highly of the beneficial effects of minute doses of strychnia, dissolved in acetic acid. I have for some years been in the habit of prescribing small doses of strychnia, and can corroborate Dr. Hall's valuable testimony in every particular; therefore, any remarks of mine upon its effects in epileptic cases, would be unnecessary.

My method has been to dissolve two grains of strychnia in one ounce of phosphoric acid of the London Pharmacopeia—a very speedy and certain solvent, and also possessing, doubtless, the additional excellent property of assisting the good effect of the strychnia upon the brain and nervous system. Of this solution, in cases of prolonged dyspepsia, in neuralgia, indeed in many states of the nervous system requiring tone, it has been usual with me to administer, after the state of the secretions has been attended to, a dose, consisting of five minimis of the above solution, three or four times daily, either alone or combined with some other appropriate remedy, according to the nature and complication of the case. This medicine has also a remarkable effect in ague. During a four years' residence at Cambridge, I had opportunities of seeing the treatment of a vast number of cases of intermittent fever, but in no one instance, as far as my memory serves me, was recovery nearly so rapid as I have seen it after administration of this powerful remedy.

I have had early this year several cases of quotidian occurring among the poorer workmen of the Crystal Palace, who, during the wet weather, were in the habit of pursuing their labors at night, and in places where they were much exposed to the damp, and in all these cases the disease has succumbed to doses of strychnia, of about one twenty-fifth to one fiftieth of a grain, and this without the use of any other medicine, excepting a dose of calomel and opium, followed by a purge of compound jalap powder to commence the treatment of the case.

I cannot help being strongly of opinion that this medicine would be of extreme value in cholera, from the great power it has over the nervous system; more especially if combined with the sulphuric acid treatment, which has been recommended so frequently in the pages of the *Lancet*. Nothing would be so likely to relieve as the combination of the astringent with the nervine tonic. I know that obstinate cases of serous diarrhea, which resist almost every other remedy, yield to this combination; but I have had no opportunity of trying its effects in cholera, which I should, however, not fail to do, if, unfortunately, the disease again presented itself.

As a substitute for quinine, as a general tonic in most cases that pre-

sent themselves, this solution of strychnia is to be recommended, as it does not produce the oppression and inconvenience that persons are liable to whilst taking quinine, but, on the contrary, generally produces a slight feeling of exhilaration which is not rapidly transient ; at the same time, by improving the nervous tone, improving that state of the secretory apparatus.

I subjoin a few cases illustrating these remarks, whilst I know many friends who could readily corroborate these facts from cases occurring in their practices.

*Neuralgia.*—July 11, 1851. Mrs. P——, married, aged 32 ; pale and emaciated. She has been for some years the subject of neuralgia, which attacks her whenever she takes cold, and occasionally quite incapacitates her from attending to the duties of her family. She is now suffering acutely from pain and the loss of rest. The bowels being confined, the following was ordered :—Calomel, three grains ; conserve of roses, sufficient quantity to make into a pill. Liquor of strychnia (two grains to an ounce), twenty minims ; sulphate of magnesia, one ounce ; spearmint water, six ounces. To take one fourth three times a-day.

12th.—The pain seems relieved this afternoon, but the patient is still suffering from loss of rest. To take belladonna, a quarter of a grain ; extract of hyoscyamus, four grains ; mix and make into a pill.

13th.—Slept well, feels better. The medicine has acted too freely upon the bowels.

14th.—Is quite free from pain, but still a numbness exists in the old place. Continue the mixture.

15th.—The pain has entirely left ; feels more cheerful and free from pain than she has done for many months ; appetite improving.

From this time the patient continued free from pain, and gradually recovered a great amount of health and strength under the continued use of the above medicine, combined latterly with some tincture of iron.

*CASE II.—1851.* C. P——. In this case the disease had been existing more or less constantly, the pain scarcely leaving her entirely for some months. Is now suffering from bilious diarrhoea. After prescribing a dose of calomel and opium, followed by a rhubarb purge to cleanse away irritating matter, I prescribed iodide of potassium, two grains ; liquor of strychnia, five minims ; water, one ounce, three times a-day. After taking the medicine for some days, the pain entirely ceased. The treatment was continued for six weeks, and she has had no return of the symptoms for now nearly twelve months.

*In Ague Cases.*—Jan. 5th, 1852. J. W—— was taken ill yesterday, just before leaving work, with violent pain in the left side, and with uncontrollable shivering, followed by fever, with some amount of delirium, and then by profuse perspiration. Has not felt quite well for some time. Is suffering from the cold stage of intermittent at the present time ; looks blue and pinched. Ordered calomel, three grains ; Dover's powder, ten grains ; to be made into a powder, and to be taken immediately. A compound jalap powder in the morning. Slept pretty well ; medicine acted freely. Shivering returned in the morning. Al-

together the patient does not think himself improved. Liquor of strychnia, forty minims ; water, six ounces : to be made into a mixture ; one fourth to be taken every four hours.

7th.—The time of accession of the paroxysm was later, and the attack less violent.

8th.—Continues improving.

From this time the patient gradually improved, the dose of strychnia being gradually diminished, and on calling to see him on the 14th, he had returned to work, feeling himself quite well.

*Dyspepsia*.—J. S.—, aged 35. Has been unwell for a length of time ; has tried many things that have been prescribed for him, but without any benefit, and he believes very often with the reverse effect, and almost despairs of getting well. Has been under homœopathic treatment, but without advantage, and all the means he has used have been unsuccessful. Has dimness of sight ; headache ; unpleasant taste in the mouth in the morning ; always sleepy ; appetite capricious ; sometimes feels hungry, but never enjoys his food ; bowels at all times constipated ; sleep at night disturbed. Prescribed a plain, simple diet, and to take the following medicine—Liquor of strychnia, twenty minims ; sulphate of magnesia, half an ounce ; peppermint water, six ounces ; to be made into a mixture. One fourth to be taken three times a-day. Also, the following pill : Mercury and chalk, three grains ; powdered ipecacuanha, half a grain ; extract hyoscyamus, sufficient quantity to make into a pill.

The medicine having been taken for some days, and produced the desired effect upon the secretions, I prescribed liquor of strychnia, thirty minims ; peppermint water, half a pint ; one fourth to be taken three times a-day : aloes, two grains, to be taken occasionally before dinner.

On seeing him three days after, he described himself as better in health and spirits than he had ever been before in his life ; for the last two days he had been a different being ; a load seemed removed.

A week after, he continued remarkably well, ate, drank and slept well, and enjoyed his food and exercise. He did not wish to relinquish his medicine, as each dose seemed to relieve him.

From this time he went on well ; but although now he has discontinued taking his medicine very nearly eighteen months, he still retains some by him, which he takes occasionally.

These are a few out of many cases giving an average sample of the beneficial effects of this medicine. I have a number of cases which have been thus treated, but cannot say that my legitimate confidence has ever been overthrown.—*London Lancet*.

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#### CASE OF *PROCIDENTIA UTERI*.

JULIA C.—, a widow, aged 36, gave birth to her last child, about three years since. Being in indigent circumstances, she was unable to observe that precaution about remaining in bed for some time after delivery, which universal experience has shown to be necessary to a safe recovery. In consequence of this, she soon felt the usual evidences of

displacement of the womb ; such as weight and fulness about the pelvis, dragging sensations about the groins, pains in the back, and at times difficulty in urinating. But as the symptoms were not very urgent, she continued to earn her livelihood by washing clothes. At length, in November, 1852, a tumor became developed external to the genitalia, which gradually increased in size, without giving rise at first to much disturbance, other than the mere presence of a foreign body between the limbs.

In July last, she was forced to abandon her laborious occupation, and has since been unable to use any active exertion. Many times during the past three months there has been great difficulty in urinating.

When called to her, in the beginning of December, Dr. Thomas found a tumor of a conical shape, five and one half inches in length, and four inches in diameter at the middle. The apex of the cone was an orifice, three eighths of an inch in diameter, formed by the everted vagina. The mucous epithelium was changed into an epidermis, and had lost its sensibility from thirteen months' friction of her clothes. Recognizing the character of the tumor, Dr. Thomas made an effort to replace it, but owing to the unyielding nature of the mass, failed in the attempt. The following day, the effort was renewed, after having had the tumor and surrounding parts well softened by poultices, and the rectum and bladder emptied. By making a crease in the vagina, at the base of the tumor, and entirely around its circumference, endeavoring to render it deeper and deeper with the forefinger of the left hand, while pressure was made on the apex of the mass by the palm of the right, in the direction of the axis of the inferior strait, the displaced organ yielded and slowly ascended in the pelvis.

To secure it in position, recourse was had to the watch-spring pessary of Dr. Meigs, covered with gutta percha, as recommended by Dr. Evans. I tried this as an experiment, fearing a failure with one of a globular shape, since the vaginal walls were so hypertrophied, and the vaginal orifice so dilated, that no resistance would be offered to its immediate extrusion. Three weeks have now elapsed, and not the slightest evidence of descent has yet been manifested.

To correct the fetid discharge, injections of creosote, made in the proportion of two drops to an ounce of water, were employed for a few days. To improve the general health and promote absorption, ten drops of the solution of iodide of iron are given every three hours, combined with a good diet.

It is truly asserted that many of the so-called procidentia uteri are in reality nothing more than a hypertrophied condition of the vaginal walls ; but in the case now reported, Dr. Thomas distinctly recognized the os uteri, by passing a finger into the constricted vaginal canal, outside of the external parts.

Objections have been urged in this city to the use of the gutta percha spring pessaries, on the double ground, that after introduction they do not resume their elasticity, and that the material used for coating causes local irritation. If care be taken to soften the instrument in hot water before using, Dr. Thomas believes that the first objection will prove theoretical, since the snapping of the spring itself by the practitioner's fingers

(which is the real cause of subsequent non-elasticity) will be thereby rendered less liable to take place. Of the force of the second he was not convinced, if ordinary attention to personal cleanliness be observed.

The patient is now entirely free from pain and uneasiness, eats and sleeps well, and is resuming her household duties.—*Transactions of the Philadelphia College of Physicians.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 22, 1854.

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*Assistant Editor of the Journal.*—The patrons of the Boston Medical and Surgical Journal will observe the name of an assistant editor, for the first time, on its title page. New responsibilities have made it necessary to be relieved from some part of the labor now devolving upon me, and Dr. George S. Jones has been selected as an assistant in conducting the Journal. Dr. Jones is not without experience in the management of a medical periodical, having acted as editor of this, during my absence in the ancient countries of the East. From the condition in which it was found, on returning, the conclusion was fair that he had the approbation, not only of those who contributed liberally to its pages, from every section of the United States, but of its readers generally. He will particularly have in charge the field of practical medicine and surgery, in which he is engaged in daily practice, analyses of the scientific Journals as occasion demands, the examination of communications, comments upon institutions, men and measures, as connected with the character and purposes of the profession, together with the whole circle of general medical intelligence. The province especially retained by myself, while this connection lasts, will embrace critical examinations of all new medical books which may be received, together with such observations on the progress of medical literature, both at home and abroad, as circumstances may require. I hope for, and respectfully solicit a continuance of the favors that for a quarter of a century have been uninterruptedly bestowed upon this publication; pledging myself to be unremitting, both in its pages and elsewhere, in efforts to elevate and advance the best interests of the great medical brotherhood to which I have the honor to belong.

J. V. C. SMITH.

*To the Readers of the Journal.*—With this number of the Journal commences my connection with Dr. Smith in conducting it; and in introducing myself to its readers in this new relation, it may not be considered inappropriate to indulge in a few prefatory remarks. While editing it, in the absence of Dr. Smith, some two years since, I had opportunity to learn something of the duties of an editor, as well as the perplexities which he has to encounter. It was found that if he endeavored to perform his part faithfully, he might be accused by some of being partial, or too liberal, and by others of the want of liberality. Articles for publication at times may be sent him, which in his best judgment neither possess any value to the reader, as scientific papers, nor any literary merit; yet by rejecting them, an ill feeling towards him by the author is created, when in fact the greatest kindness may have been done him in withholding his communication from the public.

Another class of writers also sometimes contribute to the Journals solely for their own personal benefit; and if their papers are not published, in consequence of having too much the appearance of an advertisement, the Editor is charged with the supposed wrongs which may have been done them. It is considered a very important and responsible part of the duty of the editor of a medical journal, to exercise a proper censorship upon all communications that may be sent him for publication; and while he receives with pleasure and rightly uses every favor from those who wish to contribute their part to the advancement of medical science, yet to reject everything which may tend to degrade it, or which is prompted by merely personal considerations. It will therefore be my earnest endeavor to perform that duty to the best of my ability, and, in connection with the senior Editor, strive to keep the Journal not only free from objectionable matter, but to make it as practical and useful as possible to the profession generally. Relying upon the kind indulgence of the readers of the Journal for any imperfections which may at first appear on my part in this new relation, I shall perform its duties with a determined effort to do everything in my power to promote the highest good of the profession to whose interests it is devoted. In order better to accomplish this object, our friends and patrons are most cordially invited to forward for publication essays, monographs, reports of cases which may occur in their practice, or come under their observation, and such other interesting matter as may properly belong to legitimate medicine.

It may not perhaps be out of place, in this connection, to refer to the fact, which is probably known to most of our readers, that the senior Editor has recently been elected Mayor of our city. This distinctive mark of confidence, manifested by his fellow citizens, emphatically indicates the appreciation of his integrity and talents at home, and it affords much pleasure to chronicle the event in the Journal over which he has with so much industry and ability presided for the last quarter of a century.

GEO. STEVENS JONES.

*Registration of Deaths—How Returns are made.*—The proper registration of deaths possesses much interest and value to the seeker of vital statistics. It should be the especial care of the physician, in making a return of the cause of death, to state explicitly, so far as he is able, the name of the disease. We frequently see, in the bills of mortality, that a certain number of persons die from "disease of the bowels;" then follow those from dysentery, diarrhoea, obstructions, &c. Now dysentery, diarrhoea, &c., are clearly diseases of the bowels; what, then, are the other diseases of these organs not definitely named? It is obvious that sufficient care has not been taken to perfect the system of registration in this country, which if it is of any practical value to the scientific world, should receive proper attention. A curious specimen of a return made to a registrar, may be found in the *New York Daily Times*; and thinking that it might serve to show how this is sometimes done, we have copied it. It reads as follows:

" NEW YORK, February 3d, 1854.

No. —. This certifies that —, born in New York Januar 31, aged 0 years, 0 months, 3 days, died on the 2d day of Februar. 1854, at the House No. — Avenue B, between 14 and 15 street. Cause: Direct on the Feats. Color, white. Occupation, carpenter: Term of Residence in this City 3 weeks. Married. Remarks—Werry poor.

—, Midwife, No — Avenue —."

The editor, in commenting upon it, says, "The City Inspector has fre-

quently made complaint of the imperfect manner in which physicians and midwives make their returns of deaths in this city. This being the sample of hundreds of the returns, the labor of making an accurate yearly statement is something quite formidable."

*Albany Medical College.*—We learn that there has recently been opened, in the Albany Medical College, a "Working Laboratory" for students to pursue the study of chemistry, as anatomy is studied in the dissecting-room. This is to be kept open during the day and evening, and a laboratory ticket at \$5, the same as the dissecting ticket, will admit a student. The faculty will recommend medical students to take at least one laboratory course during their term of study, and we have no doubt that, under the careful supervision of Professor Carr, they will find it to their advantage to do so.

*Homœopathy—Its Tenets and Tendencies.*—Some months since, a copy of Dr. Simpson's able treatise on the above subjects, came directly from the Edinburgh press, and, at the time, was commented upon as extensively as appeared necessary to exhibit the views of the author. It has since been re-published at Philadelphia by Messrs. Lindsay & Blakiston, which will give the profession in this country an opportunity of learning the candid opinion of a leading medical man in Scotland, respecting the claims, utility and probable destiny of this school of medical practice. But curiosity to know what this or that great medical philosopher may think of the system, extends beyond the immediate circle of practitioners, to that large class of inquirers who take a general survey of scientific matters. If none but physicians were interested in Hahnemannism, it could not of course flourish, as its sole patronage depends on those who really have no time for profound investigations into hidden principles, although they often conceive themselves vastly learned, or at least capable of seeing into a millstone as far as others. Now one of the excellences of Dr. Simpson's able production is, that it is written in a manner to be popular, without doing violence to the feelings of the old seventy-six physicians who covet nothing in a dress that any one less familiar than themselves with technicalities could understand. Perhaps it might be good policy for rich medical associations—if any such there are—to distribute a few hundred volumes of this strong argument, or rather series of arguments, on the inutility of homœopathy. For town libraries, societies, &c., a copy of this able examination of the claims of the little pellets would be suitable, and might be sowing seed that would germinate and do something towards overthrowing the delusion that has been overspreading the country. Messrs. Ticknor and Co., Washington street, have received the work.

*Doctor's Commons.*—On taking up a well-printed New Jersey pamphlet, with the above title, it called up a recollection of the famous court in London where divorces are granted, and where certain ecclesiastical operations, of a character to satisfy a traveller that the millennium has not yet commenced in England, are perpetually going on. This American Doctor's Commons, however, is an *Ethic Address* delivered before the Medical Society of the County of Burlington, and a very good one it is. There is a delectable infusion of good sense on every page, and some plain truths that

ought not to be hidden, however desirable it may be to some physicians to suppose themselves immensely charitable, good-natured and forbearing towards each other, when they are neither one nor the other. S. W. Butler, M.D., President of the Association, is the author. It would cause no inconvenience to society were the following lines committed to memory by such as dwell with self-complacency upon their honorable course towards their medical neighbors, and who in solemn dignity may occasionally mutter to themselves, thanking God they are not like other men. "These petty rivalries and jealousies," says Dr. B., "are injurious to our own private interests, as they are to the general interests of medicine, as might easily be proved; and they are unbecoming the dignity, the philosophy and the liberality of our profession, as they are often puerile in the extreme."

*Videl on the Venereal Disease.*—To Messrs. S. S. & W. Wood, 261 Pearl street, New York, we are indebted for a beautiful edition of this work, in octavo, with admirable colored plates, translated and edited by Geo. C. Blackman, M.D., of that city. The question may possibly be asked—what may be expected in this treatise, not already recognized in Ricord, and the English authorities. With equal propriety might we question the policy of having more than one newspaper in a city, or of having three meals a-day when one would sustain life. It is only by multiplying researches, comparing remedies and recording the results of treatment, that advances can be made in any branch of practical medicine. Here are principles, rules of practice, and a concentration of facts worth knowing, and without which one is necessarily behind the age. The venereal disease is a horrible one, which neither time nor climate can modify. We begin to entertain the ancient theory, that when the poison is once in the system it can never be completely eradicated. The curious fact that it is operative in man alone, invests the subject with extraordinary interest. Its origin is also a profound mystery, which there is no prospect of ever having explained. Plans of medication are numerous, and every person who has had much practice in a city, is apt to feel confident of his power to control and cure it. This is a matter that might be discussed, perhaps profitably, but we must hasten directly to the consideration of the volume which has elicited these observations. It is but just towards those whose enterprise has placed it before the American profession, to state that a better system of practice, in some respects, is not extant. We would by no means have it understood, however, that there is any superiority in the pages of M. Videl over other volumes by authors in the same line, at the head of which is Ricord, himself a native of this country. All forms of the venereal disease have become a fixture in certain grades of civilization, and we must meet them with the best weapons at command. The experience of those who have given themselves to a critical investigation of the entire character of the malady, are the guides on whom physicians must depend in their efforts to subdue its intensity and eradicate the poison. This instructive volume is rich in resources, and offers to the student much valuable instruction and a wide field for contemplation. It will be found useful to the practitioner of medicine, and in consideration of its intrinsic merits it is cheerfully recommended to the profession.

*Dr. Flint's Writings.*—A Clinical Report on Dysentery—based on an analysis of forty cases, &c.; and also a Clinical Report on Chronic Pleurisy,

based on an analysis of forty cases, by Austin Flint, M.D., &c., which appeared in the Buffalo Medical Journal, under his editorial charge, now appear in thin, portable books, and are on sale by Mr. Morton, at Louisville, Ky. Why not have these valuable papers on sale at Boston? They are too far out of the way to be readily or economically procured by New England physicians.

*Medical Science and Literature of 1853.*—Progress was made in all departments of industry, the past year, and the inquiry respecting the advances made in medicine and its connecting branches, is quite natural and appropriate. More active and highly-disciplined minds were never entrusted with the interests of the profession, in any former period, than in 1853. Yet no very marked discoveries characterized the year. Intense study, however, elaborate researches, and energy in propagating extensively whatever was already known to be true and valuable, have been noticed. Many excellent books were published, while the contributions to the medical journals both in Europe and America have been perpetual memorials of the literary labor of the profession. Another feature to be taken into account in connection with this remark, embraces the action of medical societies, from the great national organization, down to small neighborhood associations. The multitude of facts collected by them, and put on permanent record so as to be accessible to coming generations of practitioners, is a matter not to be lost sight of. On the whole, we consider the past year as having been distinguished for its sure if not brilliant progress in medical science.

*Scarlatina in Massachusetts in 1852.*—Scarlatina, or, as it is most commonly called, scarlet fever, is always a terrible disease with us. It is more fatal than any other of the zymotics, excepting dysentery, and was peculiarly so in 1852, causing 843 deaths, when only 33 persons are classed as having died of smallpox. Out of the 2,816 fatal cases which have occurred within four years, 1,143 were in 1849, 441 in 1850, 389 in 1851, and 843 in 1852. In 1849 the deaths by this disease formed very nearly 6 per cent. of all the deaths in the State, and in 1852 nearly 5 per cent. It has been most fatal during the first six calendar months, producing more deaths in March than in any other, and being less afflictive in September and October, although in 1852 the greatest number of deaths occurred in November and December. Over 70 per cent. of the deaths by this disease were among children under 5 years of age, and over 90 per cent. under 10. In Barnstable, Franklin and Hampshire the deaths have been few.—*Eleventh Registration Report.*

*The Stethoscope.*—This monthly Medical Journal, which has been published for the last two or three years in Richmond, Va., has been purchased by a committee of the State Society appointed to publish a journal under its auspices. By the proceedings of the Society thus far in regard to this new enterprise, no great encouragement is offered that success to any extent will attend it.

*Transactions of the American Medical Association.*—A few more copies of the sixth volume of the American Medical Association's Transactions have been received, and may be obtained of Dr. Francis Minot, 140 Charles street, Boston, at the minimum price of three dollars. Gentlemen at a distance on sending the above amount by mail will receive a copy by express, or otherwise, as they may direct.

**Medical Miscellany.**—A Mrs. Frazer, of Slack Co., Ohio, has had six children within a single year, having had three at a birth twice.—Jonathan Fletcher died at Walpole, N. H., at the age of 100 years.—Fifty-seven deaths by smallpox occurred at New York week before last. The disease is extending over the country.—Yellow fever is again raging at Port au Prince, as badly as ever.—At Sterling, Mass., Mr. Ezra S. Powers died Jan. 21. The Clinton Courant states that his death—in the opinion of the three intelligent physicians whose attention was called to the case—was caused by disease growing out of the use of water drawn through a lead pipe, against which his attendant physician had repeatedly cautioned him.—Measles and pulmonary affections continue to be prevalent in this city, as well as in the adjoining towns.—The homeopaths of the State of New York held a convention in the city of Albany, last week. Dr. Kirby, from the committee in relation to a college, reported, recommending no further action at present.—There lately died in Moscow, Russia, a man by the name of Sanovsky, who had attained the age of 122 years and 2 months, he having been born in 1731.

**General Abstract of the Bill of Mortality in Boston for 1853.**—We are indebted to the City Registrar for the following statement of deaths which occurred each month during the last year—to which has been added, from the weekly record in this Journal, the nativity of the individuals who died. A table of the diseases which proved fatal has been made up from the reports in this Journal, which will be inserted hereafter.

Months.	Deaths.	Males.	Females.	Age.				Born in the U. States.	Foreigners	Total for 1852.	
				Under 5 years.	5 to 20 years.	20 to 40 years.	40 to 60 years.				
January, . . .	357	176	181	195	38	55	38	31	257	110	337
February, . . .	317	143	174	149	30	63	41	25	235	82	332
March, . . .	339	136	153	151	39	58	33	37	235	84	360
April, . . .	339	151	168	152	21	83	46	27	239	80	319
May, . . .	330	148	162	138	29	72	43	28	242	88	328
June, . . .	263	146	117	119	35	57	34	15	187	56	222
July, . . .	363	149	184	216	30	58	41	38	281	102	377
August, . . .	503	258	225	230	35	89	43	43	336	137	403
September, . . .	436	220	216	224	34	96	50	32	330	106	358
October, . . .	316	134	132	135	34	73	47	27	205	110	363
November, . . .	333	180	153	143	51	82	46	31	218	115	398
December, . . .	368	192	176	156	32	91	35	34	279	89	380
Total, . . .	4,284	2,203	2,081	2,138	408	877	502	369	3,115	1,119	3,797

Of the 1,669 foreigners, 920 were born in Ireland; 73 in England; 20 in Scotland; 3 in Wales; 63 in the British Provinces in North America; 45 in Germany; 8 in France; 15 in Sweden; 2 in Portugal; 3 in Denmark; 3 in Norway; 2 in Switzerland; 2 in Prussia; 1 in Italy; 1 in Sicily; 1 in Gibraltar; 1 in the Azores; 2 in the East Indies; 1 in the West Indies; 1 in South America; and 1 at sea.

**To Correspondents.**—The following papers have been received.—Hints for Young Doctors; Seale Corntum in Hemorrhage; Brewer's Yeast in Puerperal Fever; Fractures of the Femur; Memoir of Dr. Jos. Nichols; Smallpox at Belfast, Me.

**DIED.**—At East Randolph, Vt., Dr. C. B. Turner, 37.

**Deaths in Boston** for the week ending Saturday noon, Feb. 18th, 90. Males, 51—females, 36. Inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 3—consumption, 19—convulsions, 5—croup, 6—diarrhoea, 2—dropsey in the head, 5—drowned, 1—debility, 1—infantile diseases, 12—puerperal, 2—epilepsy, 1—fever, 1—typhus fever, 1—gangrene, 1—hooping cough, 1—hemorrhage, 1—inflammation of the lungs, 6—marasmus, 1—measles, 7—old age, 2—pleurisy, 2—smallpox, 4—teething, 4.

Under 5 years, 53—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 4—above 60 years, 6. Born in the United States, 70—Ireland, 18—British Provinces, 2. The above includes 11 deaths in the City Institutions.

*Operation for Excision of the Dental Branch of the Inferior Maxillary Nerve in Obstinate Tic Douleuroux.*—M. SEDILLOT, of Strasburg, has just operated upon a woman in the following manner:—A slightly convex incision was made along the inferior border of the lower maxilla from the canine tooth to the anterior border of the masseter. The soft parts were then divided to the bone, and a flap raised towards the upper part of the face, from over the dental foramen, whence the dental branch was seen emerging in thick and voluminous ramifications. A small trephine was then applied one inch posteriorly to this foramen, and a circular piece of bone, about two lines thick, removed. By breaking up a few lamellæ of bone the dental nerve was laid bare, and cut at the posterior edge of the osseous aperture. Another section of the same nerve was then made two-thirds of an inch anterior to the dental foramen, and the operator then seized with two forceps the anterior and posterior extremities of the piece of nerve lying between the locality of the two sections. By pulling it backwards and forwards, its cellular connections were weakened, and the portion of nerve then extracted altogether by its anterior extremity. This isolated piece of nerve was about one inch and a quarter long, round, of an opaline color, and presented no striking vascularity. The flap was allowed to fall down again, and the report mentions that the patient said on the eighth day that she suffered no more pain, and on the sixteenth the wound was quite healed, the cicatrix being hardly visible. It may be inferred from the cases published in this Journal, that there will in all probability be a recurrence of the pain.—*London Lancet.*

*Dr. Todd on the Treatment of Typhus by large Doses of Brandy.*—Mr. Macnamara, Dr. Todd's clinical clerk, reports the particulars of 18 cases which were treated, at King's College Hospital, in this manner. They all were of a well-marked typhus type, and agreed in presenting the following symptoms previously to the commencement of the treatment:—A copious eruption of scattered measles-like spots (mulberry or typhus rash); bowels either confined or but slightly relaxed; great prostration of strength; delirium (in six cases, coma was present); a small and very rapid pulse. It may be well to premise, that they were treated as is done in almost all general hospitals in the open wards, their beds being purposely arranged so as to occur at some distance from each other, in order to prevent the accumulation of contagious emanations. The treatment pursued consisted in administering, either every hour or every half-hour, day and night, from half an ounce to an ounce of brandy, with a draught every second hour, containing sp. æth. chlorici, m. x.; ammonia carbonatis, gr. v.; aquæ, ʒj. The patients were induced to drink as much strong beef-tea as possible; the head was always shaved; and, in most, a blister was applied to the scalp.—*London Medical Times and Gaz.*

*French Lunatic Asylums.*—According to the statistics supplied by Dr. Webster, as obtained on his recent visits to the French asylums, it appears that “a larger number of male patients were admitted than females; the excess being 81 or 13·47 per cent. of the former over the latter sex. More males than females were also cured, the ratio being 28·44 per cent. against 26·62 per cent. of the opposite. Again the proportion of deaths predominates amongst the male lunatics, of whom 37·97 per hundred admissions died; whilst the mortality amongst female inmates amounted to 35·60 per cent. similarly calculated.”—*Half-Yearly Abstract of Med. Sciences.*